

# EXHIBIT

# A



Date: March 1, 2013

**To:**

M. Ebadur Rahman,  
IH Engineers, P.C.  
103 College Road East  
1<sup>st</sup> Floor  
Princeton, New Jersey 08540

U.S.P.S. Certified Mail Number 7011 0470 0003 5510 6488

**From:**

Evan Spencer  
285 Aycrigg Avenue  
Apt. #10b  
Passaic, New Jersey [07055]

Greetings M. Ebadur Rahman,

I am pleased to affirm that you and or IH Engineers, P.C.'s voluntary assignment was released as withholding agent(s) from any withholding obligations or claims or to the liabilities thereof EVAN SPENCER (see enclosed). Thank you very much for your services in this matter.

Yours Truly,

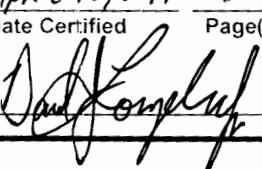


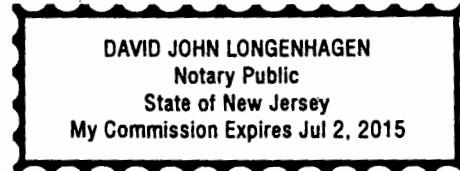
Evan Spencer

**Enclosed:**  
Affidavit, (2) W4-T, (2) NJ-W4

# EXHIBIT

## A

CERTIFIED AS TRUE COPY OF	
<u>COVER LETTER</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary	



## AFFIDAVIT

BE IT ACKNOWLEDGED, Evan-Christopher: Spencer does affirm by his signature hereon, of 285 Aycrigg Avenue, Apartment Number 10b, Passaic, New Jersey [07055] the undersigned

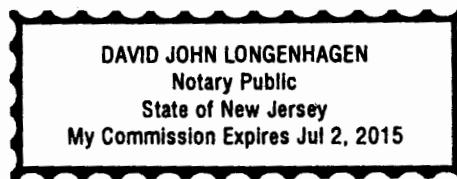
Affiant, being of legal age, is competent to state the matters included in his declarations, has knowledge of the facts, and declares that to the best of his knowledge, the statements made in this affidavit are true, correct, and not meant to be misleading,

Affiant does hereby depose and say under oath as follows:

1. I affirm that on February 15, 2012, I released IH Engineers, P.C. located at College Road East 1<sup>st</sup> Floor, Princeton, New Jersey 08540 and Olympic Payroll located at 64 US Highway 46 West Pinebrook, New Jersey 07058 as Withholding Agent(s) from any withholding obligations or claims withholding F.I.C.A., S.U./D.I. tax(es), income and or any and all liability(ies) from my weekly accrued earnings under Form NJ-W4, Form W-4T dated and submitted February 15, 2012 (see attached), accepted by IH Engineers, P.C. and Olympic Payroll as of February 21, 2012;
2. Affiant incurred no liability for income tax imposed under subtitle A of the internal revenue code for this proceeding table year and believes he will incur no liability for income tax imposed by subtitle A for his current taxable year;
3. I affirm as of February 15, 2012 I am the Authorized Representative responsible for any withholding obligations or claims, any and all tax(es), income and or any and all liability(ies) that may be due and or that may be deemed due by the internal revenue service.

# EXHIBIT A

CERTIFIED AS TRUE COPY OF	
<u>AFFIDAVIT</u>	
<u>APRIL 18, 2014</u> <u>1 OF 2</u>	
Date Certified	Page(s)
Notary <u>John Longenhagen</u>	

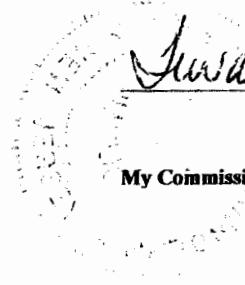


Further, Affiant saith naught.

  
(Signer) Authorized Representative, All Rights Reserved

2/21/2013  
(Date)

Subscribed and sworn to before me on February 21, 2013 by Evan Spencer.  
(Affiant's Name)

  
Twanda Randolph

Notary Name

My Commission Expires

03/27/13 Twanda Randolph

(Notary Signature)

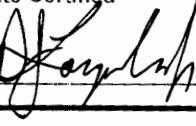
2/21/13  
(Date)

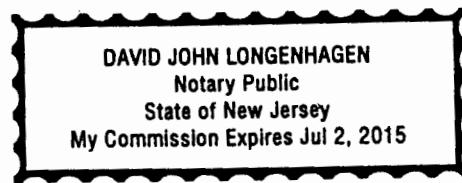
NOTARY PUBLIC OF NEW JERSEY

My Commission Expires 3/27/2012

# EXHIBIT

## A

CERTIFIED AS TRUE COPY OF
<u>AFFIDAVIT</u>
<u>April 18, 2014</u> <u>2 OF 2</u>
Date Certified Page(s)
Notary 



Form **W-4T**  
(Rev. November 1998)

**Voluntary Withholding Agreement**  
Termination or Withdrawal from W-4 agreement

► Voluntary Withholding Agreements—26 C.F.R. §31.3402(p)-1

Employer's name and address

Employer identification number

**Submitted for:**

In lieu of W-4, *Employee's Withholding Certificate*. Employer will not make any payroll withholding. Employee is responsible for all taxes.

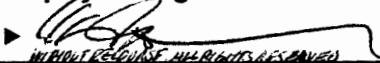
Termination of previous W-4 agreement. Beginning effective on the last day of pay period in None of None.

Employee's Liability Release Statement:

I, EVAN SPENCER, understand that termination or withdrawal of a W-4, *Employee's Withholding Certificate*, releases the employer from any obligation to make payroll withholdings. Furthermore, I understand that I am responsible for all taxes due and I release the employer from any tax liability associated with this employee.

I certify that the foregoing statement is correct and I release the employer from any withholding obligations or claims.

**Employee's signature**

  
IN WITNESS WHEREOF, ALL RIGHTS RESERVED

Date ►

2/12/2012

**Employee's information**

Type or print employee/payee first name and initial

Last name

Social security number (write "None" if you do not have a SSN or "Declined" if you do not wish to provide a SSN)

EVAN C.

SPENCER

Home address (number and street or rural route)

285 AVENUE AVENUE #10B

City or town, State and ZIP code

ASBURY N.J. 07055

Sec. 31.3402(p)-1 Voluntary withholding agreements.

(a) In general. An employee and his employer may enter into an agreement under section 3402(b) to provide for the withholding of income tax upon payments of amounts described in paragraph (b)(1) of Sec. 31.3401(a)-3, made after December 31, 1970.

(b) Form and duration of agreement. (1) (i) Except as provided in subdivision (ii) of this subparagraph, an employee who desires to enter into an agreement under section 3402(p) shall furnish his employer with Form W-4 (withholding exemption certificate) executed in accordance with the provisions of section 3402(f) and the regulations thereunder. The furnishing of such Form W-4 shall constitute a request for withholding.

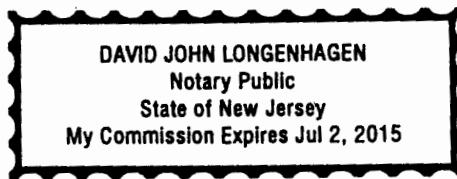
(c) A statement that the employee desires withholding of Federal income tax, and applicable, of qualified State individual income tax (see paragraph (d)(3)(I) of Sec. 301.6361-1 of this chapter (Regulations on Procedures and Administration)), and

(d) If the employee desires that the agreement terminate on a specific date, the date of termination of the agreement. If accepted by the employer as provided in subdivision (iii) of this subparagraph, the request shall be attached to, and constitute part of, the employee's Form W-4. An employee who furnishes his employer a request for withholding under this subdivision shall also furnish such employer with Form W-4 if such employee does not already have a Form W-4 in effect with such employer. (iii) No request for withholding under section 3402(p) shall be effective as an agreement between an employer and an employee until the employer accepts the request by commencing to withhold from the amounts with respect to which the request was made. (2) An agreement under section 3402 (p) shall be effective for such period as the employer and employee mutually agree upon. However, either the employer or the employee may terminate the agreement prior to the end of such period by furnishing a signed written notice to the other. Unless the employer and employee agree to an earlier termination date, the notice shall be effective with respect to the first payment of an amount in respect of which the agreement is in effect which is made on or after the first "status determination date" (January 1, May 1, July 1, and October 1 of each year) that occurs at least 30 days after the date on which the notice is furnished. If the employee executes a new Form W-4, the request upon which an agreement under section 3402 (p) is based shall be attached to, and constitute a part of, such new Form W-4.

# EXHIBIT

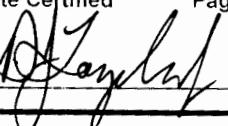
## A

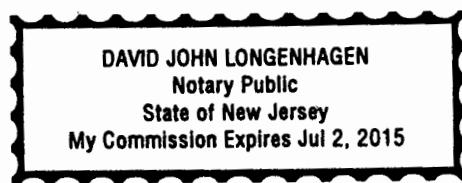
CERTIFIED AS TRUE COPY OF	
<u>Form W-4T-2012</u>	
Date Certified	Page(s)
<u>April 18, 2014</u>	<u>1</u>
Notary	





# EXHIBIT A

CERTIFIED AS TRUE COPY OF	
<u>FORM NJ-W4-2012</u>	
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April 18, 2014	/
Date Certified	Page(s)
Notary	



Form **W-4T**  
(Rev. November 1998)

**Voluntary Withholding Agreement**  
Termination or Withdrawal from W-4 agreement

► Voluntary Withholding Agreements—26 C.F.R. §31.3402(p)-1

Employer's name and address

THE ENGINEERS, P.C.  
103 College Road East, 1st Floor  
Princeton, New Jersey 08540

Employer identification number

20 0006070

Submitted for:

In lieu of W-4, Employee's Withholding Certificate. Employer will not make any payroll withholding. Employee is responsible for all taxes.

Termination of previous W-4 agreement. Beginning effective on the last day of pay period in  
enter month \_\_\_\_\_ of \_\_\_\_\_ year \_\_\_\_\_.

Employee's Liability Release Statement:

I, Evan Spencer, understand that termination or withdrawal of a W-4, Employee's Withholding Certificate, releases the employer from any obligation to make payroll withholdings. Furthermore, I understand that I am responsible for all taxes due and I release the employer from any tax liability associated with this employee.

I certify that the foregoing statement is correct and I release the employer from any withholding obligations or claims.

Employee's signature

Evan Spencer  
► Authorized Representative, All Rights Reserved

Date ► 2/15/13

**Employee's information**

Type or print employee/payee first name and initial

EVAN C.

Last name

SPENCER

Social security number (write "None" if you do not have a SSN or "Declined" if you do not wish to provide a SSN)

Home address (number and street or rural route)

285 ARCHIGG AVENUE #106

City or town, State and ZIP code

PASSAIC, N.J. 07055

Sec. 31.3402(p)-1 Voluntary withholding agreements.

(a) In general. An employee and his employer may enter into an agreement under section 3402(b) to provide for the withholding of income tax upon payments of amounts described in paragraph (b)(1) of Sec. 31.3401(a)-3, made after December 31, 1970.

(b) Form and duration of agreement. (1)(i) Except as provided in subdivision (ii) of this subparagraph, an employee who desires to enter into an agreement under section 3402(p) shall furnish his employer with Form W-4 (withholding exemption certificate) executed in accordance with the provisions of section 3402(f) and the regulations thereunder. The furnishing of such Form W-4 shall constitute a request for withholding.

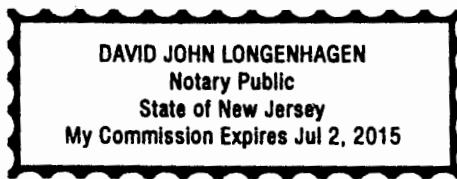
(c) A statement that the employee desires withholding of Federal income tax, and applicable, of qualified State individual income tax (see paragraph (d)(3)(I) of Sec. 301.6361-1 of this chapter (Regulations on Procedures and Administration)), and

(d) If the employee desires that the agreement terminate on a specific date, the date of termination of the agreement. If accepted by the employer as provided in subdivision (ii) of this subparagraph, the request shall be attached to, and constitute part of, the employee's Form W-4. An employee who furnishes his employer a request for withholding under this subdivision shall also furnish such employer with Form W-4 if such employee does not already have a Form W-4 in effect with such employer. (iii) No request for withholding under section 3402(p) shall be effective as an agreement between an employer and an employee until the employer accepts the request by commencing to withhold from the amounts with respect to which the request was made. (2) An agreement under section 3402 (p) shall be effective for such period as the employer and employee mutually agree upon. However, either the employer or the employee may terminate the agreement prior to the end of such period by furnishing a signed written notice to the other. Unless the employer and employee agree to an earlier termination date, the notice shall be effective with respect to the first payment of an amount in respect of which the agreement is in effect which is made on or after the first "status determination date" (January 1, May 1, July 1, and October 1 of each year) that occurs at least 30 days after the date on which the notice is furnished. If the employee executes a new Form W-4, the request upon which an agreement under section 3402 (p) is based shall be attached to, and constitute a part of, such new Form W-4.

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<u>FORM W-4T-2013</u>	
Date Certified	Page(s)
April 18, 2014	
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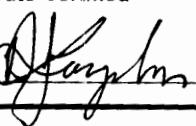
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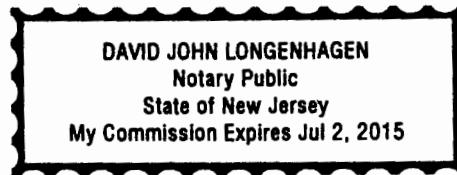




# EXHIBIT

## A

CERTIFIED AS TRUE COPY OF	
<u>FORM NJ-W4-2013</u>	
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APRIL 18, 2014	/
Date Certified	Page(s)
Notary 	



**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
 Domestic Mail Only; No Insurance Coverage  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

PRINCETON, NJ 08540		07011	\$0.66
Postage	15	05	07011
Certified Mail			
Domestic Record Recd			
International Record Recd			
Restricted Delivery Fee	\$3.10		
Emergency Receipt Fee	\$2.55		
Total Postage & Fees	\$6.31		
		03/02/2013	

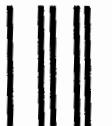
*M. Ehab R. Rahman, I.H. Engineers, P.C.*  
 Great American Plaza  
 103 College Road East, 1st Floor  
 Princeton, New Jersey 08540

PS Form 3811, August 2003

8849 0755 8000 0740 7702

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <b>C Greco</b> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>C. Greco</b> C. Date of Delivery <b>3/4/13</b></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes    If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: <i>H. Ehab R. Rahman,    I.H. Engineers, P.C.    103 College Road East, 1st floor    Princeton, New Jersey 08540</i></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number <b>7011 0470 0003 5510 6488</b>  <i>(Transfer from service label) 7011 0470 0003 5510 6488</i></p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

UNITED STATES POSTAL SERVICE

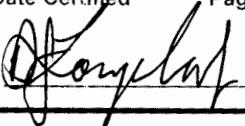


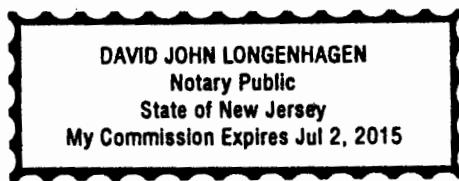
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

*E. C. Spencer  
 285 Ayeriggy Avenue #106  
 Passaic, New Jersey 07055*

# EXHIBIT A

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u> <u>RETURN RECEIPTS</u>	
APRIL 18, 2014	/
Date Certified	Page(s)
Notary 	



=====  
 ELMWOOD PARK  
 ELMWOOD PARK, New Jersey  
 074079998  
 3356730701-0096  
 03/02/2013 (800)275-8777 01:20:04 PM  
 =====

===== Sales Receipt =====

Product Description	Sale Unit Qty	Final Price
PRINCETON NJ 08540 Zone-1 First-Class Letter 1.50 oz.		\$0.66
Expected Delivery: Mon 03/04/13		
Return Rcpt (Green Card)		\$2.55
@@ Certified Label #:	70110470000355106488	\$3.10
Issue PVI:		\$6.31
PINE BROOK NJ 07058 Zone-1 First-Class Letter 1.50 oz.		\$0.66
Expected Delivery: Mon 03/04/13		
Return Rcpt (Green Card)		\$2.55
@@ Certified Label #:	70110470000355106495	\$3.10
Issue PVI:		\$6.31
Total:		\$12.62

Paid by:  
 Cash \$20.02  
 Change Due: -\$7.40

If you or a loved one receives a solicitation for a foreign lottery, report it to the U.S. Postal Inspection Service.

For more information about this or other scams involving the mail, visit [DeliveringTrust.com](http://DeliveringTrust.com) or <https://postalinspectors.uspis.gov/>, or call 1-877-876-2455.

Order stamps at [usps.com/shop](http://usps.com/shop) or call 1-800-Stamp24. Go to [usps.com/clicknship](http://usps.com/clicknship) to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Bill#:1000402000813  
 Clerk:05

All sales final on stamps and postage  
 Refunds for guaranteed services only  
 Thank you for your business  
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 HELP US SERVE YOU BETTER

Go to:  
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT  
 POSTAL EXPERIENCE

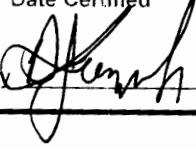
YOUR OPINION COUNTS

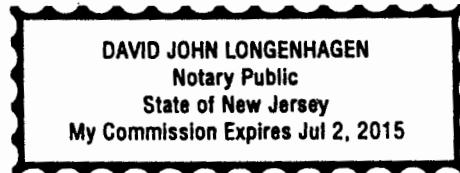
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Customer Copy

@@ For tracking or inquiries go to [USPS.com](http://USPS.com) or call 1-800-222-1811.

# EXHIBIT A

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<u>USPS CERTIFIED MAIL,</u>	
<u>RETURN RECEIPT-PROOF OF PURCHASE</u>	
APRIL 18, 2014	1
Date Certified	Page(s)
Notary 	



# EXHIBIT

# B



Date: March 1, 2013

**To:**

Nick Vlahos, President  
Olympic Payroll  
64 US Highway 46 West  
Pinebrook, New Jersey 07058

U.S.P.S. Certified Mail Number 7011 0470 0003 5510 6495

**From:**

Evan Spencer  
285 Aycrigg Avenue  
Apt. #10b  
Passaic, New Jersey [07055]

Greetings Nick Vlahos,

I am pleased to affirm that you and or OLYMPIC PAYROLL's voluntary assignment was released as withholding agent(s) from any withholding obligations or claims or to the liabilities thereof EVAN SPENCER (see attached). Thank you very much for your services in this matter.

Yours Truly,

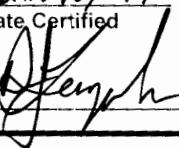


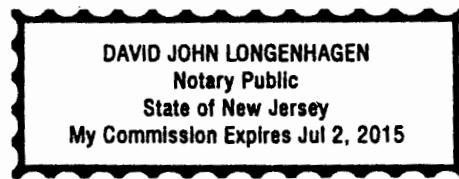
Evan Spencer

**Enclosed:**  
Affidavit, (2) W4-T, (2) NJ-W4

# EXHIBIT

## B

CERTIFIED AS TRUE COPY OF	
<u>COVER LETTER</u>	
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APRIL 18, 2014	1
Date Certified	Page(s)
Notary	



## AFFIDAVIT

BE IT ACKNOWLEDGED, Evan-Christopher: Spencer does affirm by his signature hereon, of 285 Aycrigg Avenue, Apartment Number 10b, Passaic, New Jersey [07055] the undersigned

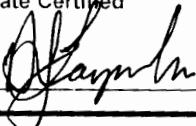
Affiant, being of legal age, is competent to state the matters included in his declarations, has knowledge of the facts, and declares that to the best of his knowledge, the statements made in this affidavit are true, correct, and not meant to be misleading,

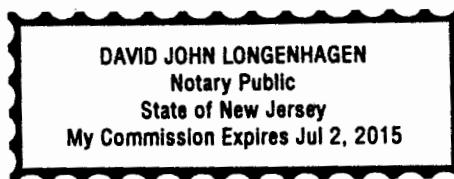
Affiant does hereby depose and say under oath as follows:

1. I affirm that on February 15, 2012, I released IH Engineers, P.C. located at College Road East 1<sup>st</sup> Floor, Princeton, New Jersey 08540 and Olympic Payroll located at 64 US Highway 46 West Pinebrook, New Jersey 07058 as Withholding Agent(s) from any withholding obligations or claims withholding F.I.C.A., S.U./D.I. tax(es), income and or any and all liability(ies) from my weekly accrued earnings under Form NJ-W4, Form W-4T dated and submitted February 15, 2012 (see attached), accepted by IH Engineers, P.C. and Olympic Payroll as of February 21, 2012;
2. Affiant incurred no liability for income tax imposed under subtitle A of the internal revenue code for this proceeding table year and believes he will incur no liability for income tax imposed by subtitle A for his current taxable year;
3. I affirm as of February 15, 2012 I am the Authorized Representative responsible for any withholding obligations or claims, any and all tax(es), income and or any and all liability(ies) that may be due and or that may be deemed due by the internal revenue service.

# EXHIBIT

## B

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<u>AFFIDAVIT</u>	
<u>APRIL 18, 2014</u>	<u>1 of 2</u>
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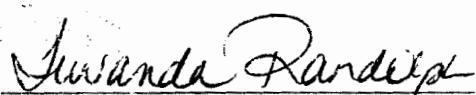


Further, Affiant saith naught.

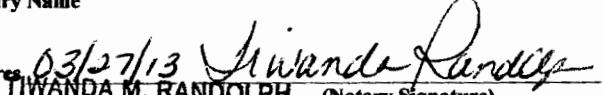
  
(Signer) Authorized Representative, All Rights Reserved

2/21/2013  
(Date)

Subscribed and sworn to before me on February 21, 2013 by Evan Spencer  
(Affiant's Name)

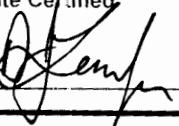
  
Twanda Randolph

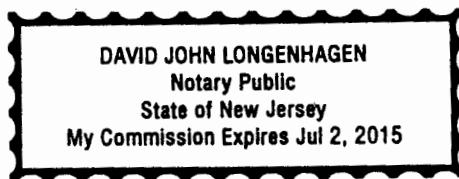
Notary Name

My Commission Expires 03/27/13   
TIWANDA M. RANDOLPH (Notary Signature) 2/21/13  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 3/27/2012

# EXHIBIT

B

CERTIFIED AS TRUE COPY OF	
<u>AFFIDAVIT</u>	
Date Certified	Page(s)
April 18, 2014 2 of 2	
Notary 	



Form **W-4T**  
(Rev. November 1998)

**Voluntary Withholding Agreement**  
Termination or Withdrawal from W-4 agreement

► Voluntary Withholding Agreements—26 C.F.R. §31.3402(p)-1

Employer's name and address

Employer identification number

**Submitted for:**

In lieu of W-4, *Employee's Withholding Certificate*. Employer will not make any payroll withholding. Employee is responsible for all taxes.

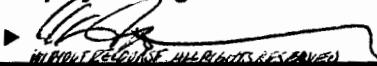
Termination of previous W-4 agreement. Beginning effective on the last day of pay period in  
NONE of NONE.

Employee's Liability Release Statement:

I, EVAN SPENCER, understand that termination or withdrawal of a W-4, *Employee's Withholding Certificate*, releases the employer from any obligation to make payroll withholdings. Furthermore, I understand that I am responsible for all taxes due and I release the employer from any tax liability associated with this employee.

I certify that the foregoing statement is correct and I release the employer from any withholding obligations or claims.

**Employee's signature**

  
IN WITNESS WHEREOF, I have signed this instrument.

Date ► 2/12/2012

**Employee's information**

Type or print employee/payee first name and initial

Last name

Social security number (write "None" if you do not have a SSN or "Declined" if you do not wish to provide a SSN)

EVAN C.

SPENCER

075 66 3673

Home address (number and street or rural route)

285 AVENUE #108

City or town, State and ZIP code

ASBURY PARK N.J. 07055

Sec. 31.3402(p)-1 Voluntary withholding agreements.

(a) In general. An employee and his employer may enter into an agreement under section 3402(b) to provide for the withholding of income tax upon payments of amounts described in paragraph (b)(1) of Sec. 31.3401(a)-3, made after December 31, 1970.

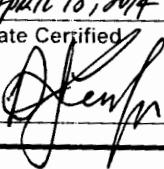
(b) Form and duration of agreement. (1)(i) Except as provided in subdivision (ii) of this subparagraph, an employee who desires to enter into an agreement under section 3402(p) shall furnish his employer with Form W-4 (withholding exemption certificate) executed in accordance with the provisions of section 3402(f) and the regulations thereunder. The furnishing of such Form W-4 shall constitute a request for withholding.

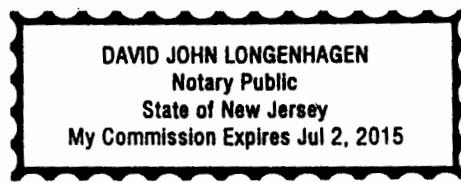
(c) A statement that the employee desires withholding of Federal income tax, and applicable, of qualified State individual income tax (see paragraph (d)(3)(i) of Sec. 301.6361-1 of this chapter (Regulations on Procedures and Administration)), and

(d) If the employee desires that the agreement terminate on a specific date, the date of termination of the agreement. If accepted by the employer as provided in subdivision (iii) of this subparagraph, the request shall be attached to, and constitute part of, the employee's Form W-4. An employee who furnishes his employer a request for withholding under this subdivision shall also furnish such employer with Form W-4 if such employee does not already have a Form W-4 in effect with such employer. (iii) No request for withholding under section 3402(p) shall be effective as an agreement between an employer and an employee until the employer accepts the request by commencing to withhold from the amounts with respect to which the request was made. (2) An agreement under section 3402 (p) shall be effective for such period as the employer and employee mutually agree upon. However, either the employer or the employee may terminate the agreement prior to the end of such period by furnishing a signed written notice to the other. Unless the employer and employee agree to an earlier termination date, the notice shall be effective with respect to the first payment of an amount in respect of which the agreement is in effect which is made on or after the first "status determination date" (January 1, May 1, July 1, and October 1 of each year) that occurs at least 30 days after the date on which the notice is furnished. If the employee executes a new Form W-4, the request upon which an agreement under section 3402 (p) is based shall be attached to, and constitute a part of, such new Form W-4.

# EXHIBIT

B

CERTIFIED AS TRUE COPY OF	
<u>FORM W-4T-2012</u>	
Date Certified	Page(s)
April 18, 2014	1
Notary	



Form NJ-W4  
(3-07, R-12)State of New Jersey - Division of Taxation  
Employee's Withholding Allowance Certificate

1. SS# <i>075 66 3673</i>			2. Filing Status: (Check only one box)	
Name <i>EVAN SPENCER</i>			<input type="checkbox"/> Single	
Address <i>285 AVENUE A 10B</i>			<input type="checkbox"/> Married/Civil Union Couple Joint	
City <i>PHILLIPS</i>	State <i>N.J.</i>	Zip <i>07055</i>	<input type="checkbox"/> Married/Civil Union Couple Separate	
			<input type="checkbox"/> Head of Household	
			<input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here .....			3. <input type="checkbox"/> <i>O</i>	
4. Total number of allowances you are claiming (see instructions) .....			4. <input type="checkbox"/> <i>O</i>	
5. Additional amount you want deducted from each pay .....			5. \$ <input type="checkbox"/> <i>0</i>	
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here .....			6. <i>EXEMPT</i>	
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's Signature <i>[Signature]</i> <small>ALL RIGHTS RESERVED</small>		Date <i>2/15/2012</i>		
Employer's Name and Address		Employer Identification Number		

## BASIC INSTRUCTIONS

Line 1 Enter your name, address and social security number in the spaces provided.

Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Couple Separate) you will be withheld at Rate A.

**Note:** If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union couple works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.

Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.

Line 5 Enter the amount of additional withholdings you want deducted from each pay.

Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION COUPLE SEPARATE** and your wages plus your taxable non-wage income will be \$10,000 or less for the current year.
- Your filing status is **MARRIED JOINT/CIVIL UNION COUPLE**, and your wages combined with your spouse's/civil union partner wages plus your taxable non-wage income will be \$20,000 or less for the current year.
- Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable non-wage income will be \$20,000 or less for the current year.

Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

## Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. Single individuals or married/civil union couples filing separate returns do not need to use this chart. If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

## WAGE CHART

## HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

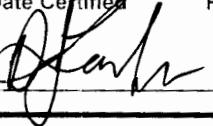
**NOTE:** If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

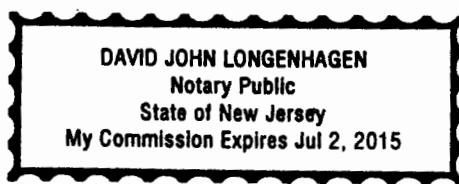
THIS FORM MAY BE REPRODUCED

Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R W A G E S	0 10,000	B	B	B	B	B	B	B	B	B	
	10,001 20,000	B	B	B	B	C	C	C	C	C	
	20,001 30,000	B	B	B	A	A	D	D	D	D	
	30,001 40,000	B	B	A	A	A	A	A	E	E	
	40,001 50,000	B	C	A	A	A	A	A	E	E	
	50,001 60,000	B	C	D	A	A	A	E	E	E	
	60,001 70,000	B	C	D	A	A	E	E	E	E	
	70,001 80,000	B	C	D	E	E	E	E	E	E	
	80,001 90,000	B	C	D	E	E	E	E	E	E	
	over 90,000	B	C	D	E	E	E	E	E	E	

# EXHIBIT

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CERTIFIED AS TRUE COPY OF	
<u>Form NJ-W4 - 2012</u>	
<hr/>	
APRIL 18, 2014	1
Date Certified	Page(s)
Notary 	



Form **W-4T**  
(Rev. November 1998)**Voluntary Withholding Agreement**  
Termination or Withdrawal from W-4 agreement

► Voluntary Withholding Agreements—26 C.F.R. §31.3402(p)-1

## Employer's name and address

IH ENGINEERS, P.C.  
103 College Road East, 1st Floor  
Princeton, New Jersey 08540

## Employer identification number

20 0006007C

## Submitted for:

In lieu of W-4, Employee's Withholding Certificate. Employer will not make any payroll withholding. Employee is responsible for all taxes.

Termination of previous W-4 agreement. Beginning effective on the last day of pay period in enter month of year.

## Employee's Liability Release Statement:

I, Evan Spencer, understand that termination or withdrawal of a W-4, Employee's Withholding Certificate, releases the employer from any obligation to make payroll withholdings. Furthermore, I understand that I am responsible for all taxes due and I release the employer from any tax liability associated with this employee.

I certify that the foregoing statement is correct and I release the employer from any withholding obligations or claims.

## Employee's signature

► Evan Spencer  
Authorized Representative, All Rights Reserved

Date ► 2/15/13

## Employee's information

## Type or print employee/payee first name and initial

EVAN C.

## Last name

SPENCER

## Social security number (write "None" if you do not have a SSN or "Declined" if you do not wish to provide a SSN)

075 66 3673

## Home address (number and street or rural route)

285 AVICKIGG AVENUE #106

## City or town, State and ZIP code

PASSAIC, N.J. 07055

## Sec. 31.3402(p)-1 Voluntary withholding agreements.

(a) In general. An employee and his employer may enter into an agreement under section 3402(b) to provide for the withholding of income tax upon payments of amounts described in paragraph (b)(1) of Sec. 31.3401(a)-3, made after December 31, 1970.

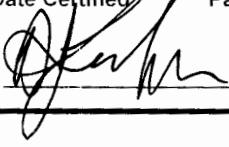
(b) Form and duration of agreement. (1)(i) Except as provided in subdivision (ii) of this subparagraph, an employee who desires to enter into an agreement under section 3402(p) shall furnish his employer with Form W-4 (withholding exemption certificate) executed in accordance with the provisions of section 3402(f) and the regulations thereunder. The furnishing of such Form W-4 shall constitute a request for withholding.

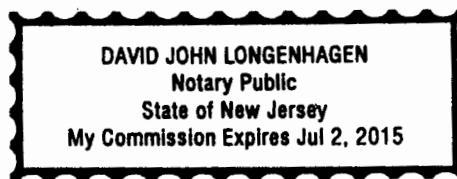
(c) A statement that the employee desires withholding of Federal income tax, and applicable, of qualified State individual income tax (see paragraph (d)(3)(I) of Sec. 301.6361-1 of this chapter (Regulations on Procedures and Administration)), and

(d) If the employee desires that the agreement terminate on a specific date, the date of termination of the agreement. If accepted by the employer as provided in subdivision (iii) of this subparagraph, the request shall be attached to, and constitute part of, the employee's Form W-4. An employee who furnishes his employer a request for withholding under this subdivision shall also furnish such employer with Form W-4 if such employee does not already have a Form W-4 in effect with such employer. (iii) No request for withholding under section 3402(p) shall be effective as an agreement between an employer and an employee until the employer accepts the request by commencing to withhold from the amounts with respect to which the request was made. (2) An agreement under section 3402 (p) shall be effective for such period as the employer and employee mutually agree upon. However, either the employer or the employee may terminate the agreement prior to the end of such period by furnishing a signed written notice to the other. Unless the employer and employee agree to an earlier termination date, the notice shall be effective with respect to the first payment of an amount in respect of which the agreement is in effect which is made on or after the first "status determination date" (January 1, May 1, July 1, and October 1 of each year) that occurs at least 30 days after the date on which the notice is furnished. If the employee executes a new Form W-4, the request upon which an agreement under section 3402 (p) is based shall be attached to, and constitute a part of, such new Form W-4.

# EXHIBIT

B

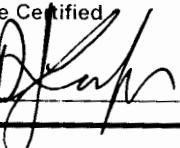
CERTIFIED AS TRUE COPY OF	
<u>Form W-4T-2013</u>	
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Date Certified	1
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Notary	
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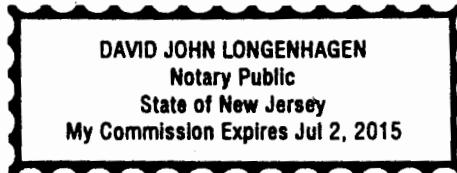




# EXHIBIT

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CERTIFIED AS TRUE COPY OF	
<u>FORM NJ-WA-2013</u>	
Date Certified	Page(s)
<u>April 18, 2014</u>	
Notary	



## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Nick Wabes, President*

*OLYMPIC PAYROLL*  
*64 US HIGHWAY 46 WEST*  
*PINEBROOK, N.J. 07058*

## COMPLETE THIS SECTION ON DELIVERY

A. Signature *W* X

Agent  
 Addressee

B. Received by (Printed Name) *Wabes*C. Date of Delivery *3/4/13*D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes2. Article Number *7011 0470 0003 5510 6495*(Transfer from service label) *7011 0470 0003 5510 6495*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

FINE BRINK, NJ 07058

Postage	\$ 0.66	0701
Certified Mail Fees	\$ 3.10	05
Return Receipt Fee	\$ 2.75	Postage
Delivery Service Fee (Endorsement Required)	\$ 0.00	Return Receipt
Total Postage & Fees	\$ 6.51	03/02/2013

*Nick Wabes, President, OLYMPIC PAYROLL*  
*64 US Highway 46 West*  
*Pinebrook, New Jersey 07058*

See Reverse

Service Address  
*Nick Wabes, President, OLYMPIC PAYROLL*  
*64 US Highway 46 West*  
*Pinebrook, New Jersey 07058*

PS Form 3800, August 2006

564 0155 0000 0240 1102

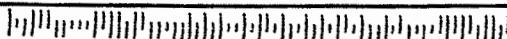
UNITED STATES POSTAL SERVICE



First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

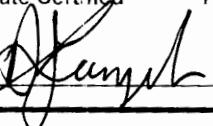
• Sender: Please print your name, address, and ZIP+4 in this box •

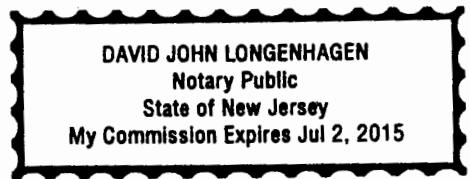
*E.C. Spencer*  
*285 Ayerrigg Avenue #106*  
*Passaic, New Jersey 07055*



# EXHIBIT

## B

CERTIFIED AS TRUE COPY OF	
<u>USPS CERTIFIED MAIL,</u> <u>RETURN RECEIPTS</u>	
<u>APRIL 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary 	



If you or a loved one receives a solicitation for a foreign lottery, report it to the U.S. Postal Inspection Service.

For more information about this or other scams involving the mail, visit DeliveringTrust.com or <https://postalinspectors.uspis.gov/>, or call 1-877-876-2455.

Order stamps at [usps.com/shop](http://usps.com/shop) or call 1-800-Stamp24. Go to [usps.com/clicknship](http://usps.com/clicknship) to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Bill#:1000402000813  
Clerk:05

All sales final on stamps and postage  
Refunds for guaranteed services only  
Thank you for your business

\*\*\*\*\*

HELP US SERVE YOU BETTER

Go to:  
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT  
POSTAL EXPERIENCE

YOUR OPINION COUNTS

\*\*\*\*\*

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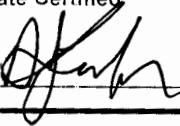
Customer Copy

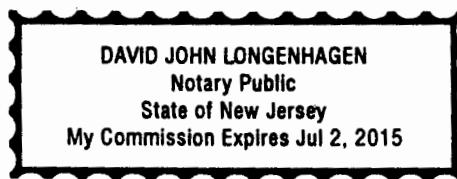
Paid by:	
Cash	\$20.02
Change Due:	-\$7.40

@@ For tracking or inquiries go to  
USPS.com or call 1-800-222-1811.

# EXHIBIT

B

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u> <u>RETURN RECEIPTS-PROOF OF PURCHASE</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary 	



# EXHIBIT

# C



## **Notice of Fault and Opportunity to Cure**

**Notice to agent is notice to principal, notice to principal is notice to agent**

Reference and pertaining to: "**Affidavit, (2)Form NJ-W4 and (2)Form W-4T.**"  
Sent by U.S.P.S. Certified Mail, Return Receipt Number(s)  
7011 0470 0003 5510 6495 (Olympic Payroll) and  
7011 0470 0003 5510 6488 (I.H. Engineers, P.C.)

**This Notice of Fault and Opportunity to Cure** sent by Sent by U.S.P.S. Certified Mail, Return Receipt Number(s) 7011 0470 0003 5510 6761 (Olympic Payroll) and 7011 0470 0003 5510 6778 (I.H. Engineers, P.C.)

**Date: April 8, 2013**

**Declarant:**

**Evan Christopher Spencer**, a living soul man, non-citizen, non-individual  
c/o 285 Aycrigg Avenue #10b  
Passaic, New Jersey [07055]  
Non-domestic without the UNITED STATES

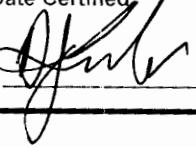
**Respondent(s):**

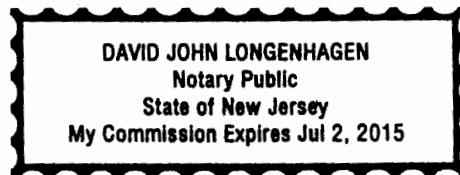
**Nick Vlahos**, d.b.a. **President**,  
Olympic Payroll  
64 US Highway 46 West  
Pinebrook, New Jersey 07058

and

# EXHIBIT

## C

CERTIFIED AS TRUE COPY OF	
<u>NOTICE OF FAULT AND</u> <u>OPPORTUNITY TO CURE</u>	
<u>APRIL 18, 2014</u>	<u>1 OF 3</u>
Date Certified	Page(s)
Notary 	



**M. Ebad Rahman**, d.b.a. **Finance Executive**,  
IH Engineers, P.C.  
103 College Road East, 1<sup>st</sup> Floor  
Princeton, New Jersey 08540

I, **Evan Christopher Spencer**, a living soul man over 18 years of age, herein known as Declarant, being competent to testify and having firsthand knowledge of the facts herein, declares on my own unlimited commercial liability, under penalty of perjury of the laws of the United States of America, that the facts contained herein are true, correct, and complete, not meant to be misleading,

Declarant does hereby depose and say under oath as follows:

**Statement of Facts**

1. On or about March 4, 2013 Respondents received an **Affidavit, (2)Form NJ-W4** and **(2)Form W-4T**, by U.S.P.S. Certified Mail, Return Receipt Number(s) 7011 0470 0003 5510 6495 (**Nick Vlahos, President, of Olympic Payroll**) and 7011 0470 0003 5510 6488 (**M. Ebad Rahman, Finance Executive, of I.H. Engineers, P.C.**), pertaining to **Releasing Respondents voluntary assignment as Withholding Agent(s)** for Declarant, from the Declarant for Respondent's response.
2. As of this date, April 8, 2013, **M. Ebad Rahman, Finance Executive**, (Respondent) and **Nick Vlahos, President**, (Respondent), have not responded to the above stated **Affidavit, (2)Form NJ-W4 and (2)Form W-4T**.
3. **M. Ebad Rahman**, (Respondent) and **Nick Vlahos**, (Respondent) are now at Fault in this matter.

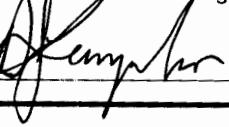
**Opportunity To Cure**

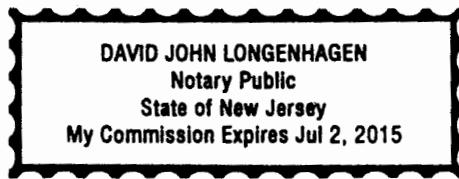
In the event that Respondents failure to take the remedy offered in **Affidavit, (2)Form NJ-W4 and (2)Form W-4T** was an oversight, mistake or otherwise unintentional, **Evan Christopher Spencer**, Declarant, grants Respondents twenty one (21) days, exclusive of the day of receipt, to cure the fault and effect the remedy.

Failure to cure will constitute, as an operation of law, the admission of the obligation by Respondents through ***tacit procurement*** to the **Affidavit, (2)Form NJ-W4 and (2)Form W-4T** and the whole matter shall be deemed ***res judicata*** and ***stare decisis***.

# EXHIBIT

## C

CERTIFIED AS TRUE COPY OF	
<u>NOTICE OF FAULT AND</u> <u>OPPORTUNITY TO CURE</u>	
APRIL 18 2014	2 OF 3
Date Certified	Page(s)
Notary	



Response by Respondents must be served on Evan Christopher Spencer, exactly as provided:

DAVID J. LONGENHAGEN  
c/o Notary Acceptor  
323 HENRY ST.  
Address  
SOUTH AMBOY, NJ, 08819  
City, State zip

Evan Christopher Spencer, Declarant awaits Respondents timely response.

Further, Declarant saith not.

  
4/8/13  
(Declarant/Signer) Authorized Representative,  
All Rights Reserved

\*\*\*\*\*

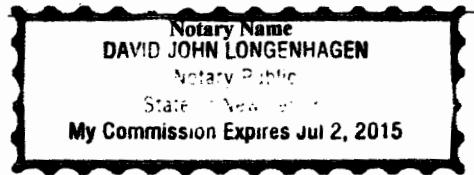
### CERTIFICATE OF ACKNOWLEDGMENT

State of New Jersey      )  
                                  ) ss:  
County of MIDDLESEX      )

As a Notary Public for said County and State, I do hereby certify that on this 8<sup>th</sup> day of April, 2013 before me appeared Evan Christopher Spencer, who satisfactorily proved to be the man whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

Witness my hand and seal:

DAVID J. LONGENHAGEN

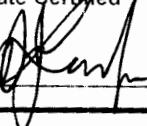


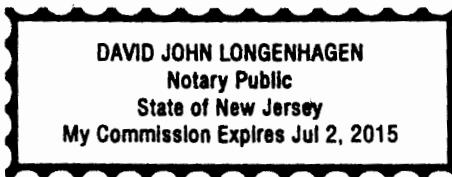
My Commission Expires: JULY 2, 2015 DAVID J. LONGENHAGEN 4/8/2013  
(Notary Signature) (Date)



# EXHIBIT

## C

CERTIFIED AS TRUE COPY OF	
<i>NOTICE OF FAULT AND OPPORTUNITY TO CURE</i>	
Date Certified	3 of 3 Page(s)
Notary 	

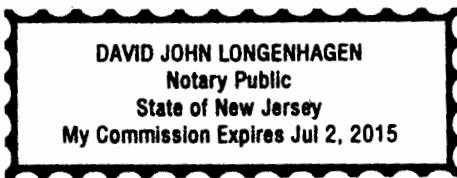


U.S. Postal Service™		CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage is Provided)			
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>			
PINE BROOK NJ 07058			
0470	0003	5510	6761
7011			
Postage	\$	0.46	0701
Certified Fee		\$3.10	05
Return Receipt Fee (Endorsement Required)		\$2.55	05
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	6.11	04/13/2013
Send to: <b>Nick Vlahos, President, OLYMPIC PAYROLL</b> Street, Apt. No. or PO Box No. City, State, ZIP+4 <b>6416 HIGHWAY 46 WEST</b> <b>PINE BROOK, N.J. 07058</b>			
PS Form 3800, August 2005		See Reverse for Instructions	

# EXHIBIT

## C

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL</u>	
<u>RECEIPT</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary <u>John Longenhagen</u>	





Date: 05/04/2013

Dear Postal Customer:

The following is in response to your 05/04/2013 request for delivery information on your Certified Mail™ item number 7011 0470 0003 5510 6761. The delivery record shows that this item was delivered on 04/15/2013 at 02:46:01 PM in PINE BROOK, NJ 07058. The scanned image of the recipient information is provided below.

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Signature of Recipient:

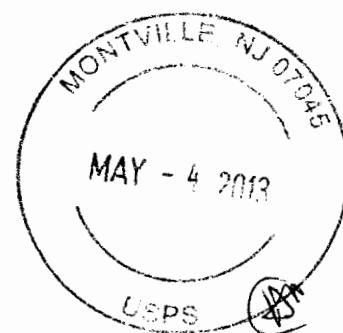
A handwritten signature in black ink, appearing to read "William Hill" and "William Hill" below it.

Address of Recipient:

A handwritten address in black ink, appearing to read "11446013 068" and "PINE BROOK NJ 07058" below it.

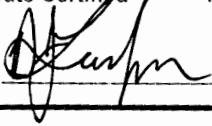
Sincerely,

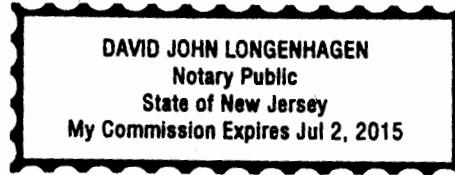
United States Postal Service



# EXHIBIT

## C

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. RETURN RECEIPT-</u>	
<u>VERIFICATION OF DELIVERY</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary	



## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *M. E. Spencer*

*1H ENGINEERS, P.C.  
103 COLLEGE ROAD EAST, 1ST FLR  
PRINCETON, N.J. 08540*

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*X*

Agent  
 Addressee

## B. Received by (Printed Name)

*JESSICA KELLY*

## C. Date of Delivery

*4-15-13*D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7011 0470 0003 5510 6778

## 2. Article Number

(Transfer from service label) *7011 0470 0003 5510 6778*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

PRINCETON, NJ 08540

Postage	\$ 0.46	0701
Classified Rate	\$ 3.10	05
Return Receipt Fee (Endorsement Required)	\$ 2.55	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.11	04/13/2013

Send To  
*H. E. SPENCER, 1H Engineers, P.C.  
103 College Road East, 1st floor  
Princeton, NJ 08540*

PS Form 3800, August 2006

8229 0755 E000 0240 T702

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

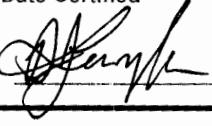
• Sender: Please print your name, address, and ZIP+4 in this box •

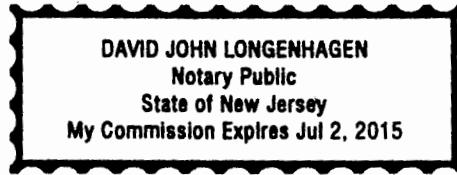
*E. Spencer  
285 Ayerrigg Avenue #100  
Passaic, N.J. 07055*

155372702

# EXHIBIT

## C

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u> <u>RETURN RECEIPTS</u>	
<u>April 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary 	



Order stamps at [usps.com/shop](http://usps.com/shop) or  
call 1-800-Stamp24. Go to  
[usps.com/clicknship](http://usps.com/clicknship) to print  
shipping labels with postage. For  
other information call  
1-800-ASK-USPS.

\*\*\*\*\*  
\*\*\*\*\*

Get your mail when and where you  
want it with a secure Post Office  
Box. Sign up for a box online at  
[usps.com/poboxes](http://usps.com/poboxes).

\*\*\*\*\*  
\*\*\*\*\*

Bill#:1000402043342

Clerk:05

All sales final on stamps and postage  
Refunds for guaranteed services only

Thank you for your business

\*\*\*\*\*  
\*\*\*\*\*

HELP US SERVE YOU BETTER

Go to:  
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT  
POSTAL EXPERIENCE

YOUR OPINION COUNTS

\*\*\*\*\*  
\*\*\*\*\*

Customer Copy

=====

ELMWOOD PARK  
ELMWOOD PARK, New Jersey  
074079998  
3356730701-0096  
04/13/2013 (800)275-8777 11:09:03 AM

=====

Sales Receipt

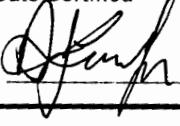
Product Description	Sale Unit Qty	Final Price
P.O. Box Overflow		\$0.00
Mail Pickup	Delivered	
Label #	420074079101900566001038754762	
# of Mailpieces :	2	
Mail Pickup Date:	04/13/2013 11:06 AM	
PRINCETON NJ 08540		\$0.46
Zone-1 First-Class		
Letter		
0.80 oz.		
Expected Delivery: Mon 04/15/13		
Return Rcpt (Green Card)		\$2.55
@@ Certified		\$3.10
Label #:	70110470000355106778	
=====		
Issue PVI:		\$6.11
=====		
PINE BROOK NJ 07058		\$0.46
Zone-1 First-Class		
Letter		
0.80 oz.		
Expected Delivery: Mon 04/15/13		
Return Rcpt (Green Card)		\$2.55
@@ Certified		\$3.10
Label #:	70110470000355106761	
=====		
Issue PVI:		\$6.11
=====		
Total:		\$12.22

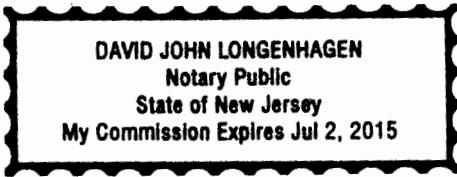
Paid by:  
Cash \$20.02  
Change Due: -\$7.80

@@ For tracking or inquiries go to  
[USPS.com](http://USPS.com) or call 1-800-222-1811.

# EXHIBIT

## C

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL -</u>	
<u>RETURN RECEIPTS - PROOF OF PURCHASE</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary	



# EXHIBIT

# D



RECORDING REQUESTED BY,	)	
AND WHEN RECORDED RETURN TO:	)	
	)	
	)	
	)	
	)	
	)	
	)	
	)	
	)	
Evan Christopher Spencer	)	
c/o 285 Aycrigg Avenue #10b	)	
Passaic, New Jersey [07055]	)	(SPACE ABOVE THIS LINE FOR
	)	RECORDERS USE ONLY)

## **Notice of Default**

**Notice to agent is notice to principal, notice to principal is notice to agent**

Reference and pertaining to: "**Notice of Fault and Opportunity to Cure**"

Sent by U.S.P.S. Certified Mail, Return Receipt Number(s)

7011 0470 0003 5510 6761 (Olympic Payroll) and

7011 0470 0003 5510 6778 (I.H. Engineers, P.C.)

This **Notice of Default** sent by U.S.P.S. Certified Mail, Return Receipt Number

7011 0470 0003 5510 6860 (Olympic Payroll) and

7011 0470 0003 5510 6877 (I.H. Engineers, P.C.)

**Date: May 28, 2013**

**Declarant:**

**Evan Christopher Spencer**, a living soul man, non-citizen, non-individual  
c/o 285 Aycrigg Avenue #10b  
Passaic, New Jersey [07055]  
Non-domestic without the UNITED STATES

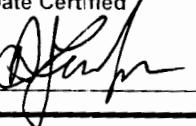
**Respondent(s):**

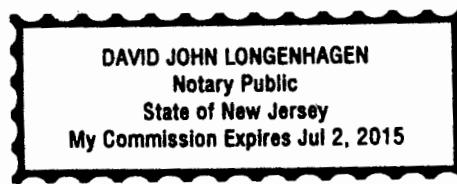
**Nick Vlahos**, d.b.a. **President**,  
Olympic Payroll  
64 US Highway 46 West  
Pinebrook, New Jersey 07058

and

# EXHIBIT

## D

CERTIFIED AS TRUE COPY OF	
<u>NOTICE OF DEFAULT</u>	
<u>APRIL 18, 2014</u> <u>1 OF 3</u>	
Date Certified	Page(s)
Notary 	



**M. Ebad Rahman, d.b.a. Finance Executive,**  
**IH Engineers, P.C.**  
**103 College Road East, 1<sup>st</sup> Floor**  
**Princeton, New Jersey 08540**

**Statement of Facts**

1. On or about April 15, 2013 Respondents received a **Notice of Fault and Opportunity to Cure** by U.S.P.S. Certified Mail, Return Receipt Number(s) 7011 0470 0003 5510 6761 (Nick Vlahos, President, of Olympic Payroll) and 7011 0470 0003 5510 6778 (M. Ebad Rahman, Finance Executive, of I.H. Engineers, P.C.) pertaining to **“Affidavit, (2)Form NJ-W4 and (2)Form W-4T,”** sent by U.S.P.S. Certified Mail, Return Receipt Number(s) 7011 0470 0003 5510 6495 (Nick Vlahos, President, of Olympic Payroll) and 7011 0470 0003 5510 6488 (M. Ebad Rahman, Finance Executive, of I.H. Engineers, P.C.), from the Declarant for Respondents' response.
2. As of this date, **May 28, 2013, Nick Vlahos** (Respondent) and **M. Ebad Rahman** (Respondent) have not responded to the above stated **Notice of Fault and Opportunity to Cure**.
3. **Nick Vlahos** (Respondent) and **M. Ebad Rahman** (Respondent) are now in default in this matter.

This failure to respond and now default, is, as an operation law, Respondents' final admission and agreement to all statements and claims made by Declarant through *facit procurement* pertaining to **“Affidavit, (2)Form NJ-W4 and (2)Form W-4T,”** by U.S.P.S. Certified Mail, Return Receipt Number(s) 7011 0470 0003 5510 6495 (Nick Vlahos, President, of Olympic Payroll) and 7011 0470 0003 5510 6488 (M. Ebad Rahman, Finance Executive, of I.H. Engineers, P.C.) and the whole matter is res judicata and the doctrine of stare decisis now applies. Respondents are in estoppels by their repeated failure to respond.

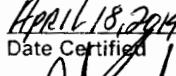
I, a free man commonly known as **Evan Christopher Spencer**, (Declarant), on my own unlimited commercial liability, certify that I have read the above and do know that the facts contained are true, correct, and complete, not misleading, the truth, the whole truth and nothing but the truth.

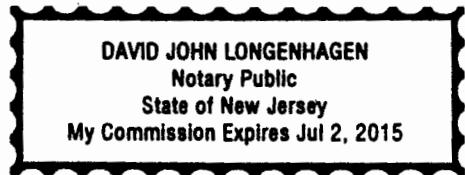
  
(Declarant/Signer) Authorized Representative,  
All Rights Reserved

5/28/2013  
(Date)

# EXHIBIT

D

CERTIFIED AS TRUE COPY OF <u>NOTICE OF DEFAULT</u>	
<hr/> <u>April 18, 2014</u> <u>2 of 3</u> Date Certified Page(s)	
Notary 	



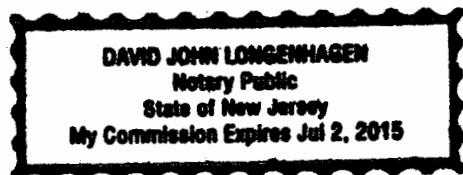
**CERTIFICATE OF ACKNOWLEDGMENT**

State of New Jersey        )  
                                  ) ss:  
County of Middlesex        )

As a Notary Public for said County and State, I do hereby certify that on this 28<sup>th</sup> day of May, 2013 before me appeared Evan Christopher Spencer, who satisfactorily proved to be the man whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

Witness my hand and seal:

DAVID John LONGENHAGEN  
Notary Name



My Commission Expires: JULY 2, 2015 David Longenhenen  
(Notary Signature)

May 28, 2013  
(Date)

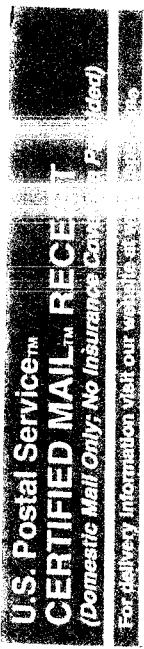


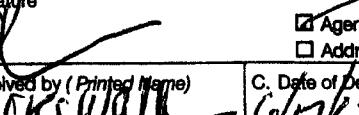
# EXHIBIT

## D

CERTIFIED AS TRUE COPY OF
<u>NOTICE OF DEFAULT -</u>
<u>CERTIFICATE OF ACKNOWLEDGMENT</u>
<u>April 18, 2014 3 of 3</u>
Date Certified Page(s)
Notary 





SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>NICK VLAHOS</u></p> <p>C. Date of Delivery <u>6/17/13</u></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: <u>Nick Vlahos, President</u></p> <p><u>OLYMPIC PAYROLL</u> <u>64 US HIGHWAY 46 WEST</u> <u>PINEBROOK, N.J. 07058</u></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number <u>2011 0470 0003 5510 6860</u> (Transfer from service label) <u>7011 0470 0003 5510 6860</u></p>		<p>PS Form 3811, February 2004</p>	

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

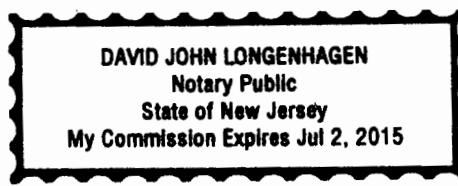
• Sender: Please print your name, address, and ZIP+4 in this box •

*Evon Spencer  
285 Ayerrigg Avenue #10B  
Passaic, New Jersey 07055*

# EXHIBIT

D

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u> <u>RETURN RECEIPTS</u>	
<u>April 18, 2014</u> Date Certified	<u>1</u> Page(s)
Notary 	



<b>U.S. Postal Service™</b>																
<b>CERTIFIED MAIL™ REC'D</b>																
(Domestic Mail Only; No Insurance)																
For delivery information visit our website: <a href="http://www.usps.com">www.usps.com</a>																
PRINCETON, NJ 08540																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Postage</td> <td style="width: 10%;">\$ 0.46</td> <td style="width: 10%;">0701</td> </tr> <tr> <td>Handling Fees</td> <td>\$3.10</td> <td>05</td> </tr> <tr> <td>Return Receipt Fees</td> <td>\$2.55</td> <td></td> </tr> <tr> <td>Postage &amp; Handling Fees</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Total Paid and Due</td> <td>\$6.11</td> <td>06/15/2013</td> </tr> </table>		Postage	\$ 0.46	0701	Handling Fees	\$3.10	05	Return Receipt Fees	\$2.55		Postage & Handling Fees	\$0.00		Total Paid and Due	\$6.11	06/15/2013
Postage	\$ 0.46	0701														
Handling Fees	\$3.10	05														
Return Receipt Fees	\$2.55															
Postage & Handling Fees	\$0.00															
Total Paid and Due	\$6.11	06/15/2013														
<p style="text-align: center;">SERTI-FIC Service No. 70110470000355106877 103 College Road East, 1<sup>st</sup> Floor Princeton, NJ 08540</p>																

<b>SENDER: COMPLETE THIS SECTION</b> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to: <i>M. Ebad Rahiman, J H ENGINEERS, P.C. 103 COLLEGE ROAD EAST, 1<sup>st</sup> FLOOR PRINCETON, N.J. 08540</i></p>	<b>COMPLETE THIS SECTION ON DELIVERY</b> <p>A. Signature <i>OGECO</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>OGECO</i> C. Date of Delivery <i>6-12-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>	
<p>2. Article Number <b>7011 0470 0003 5510 6877</b> (Transfer from service label) <b>7011 0470 0003 5510 6877</b></p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

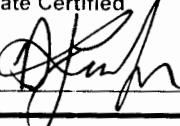
First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

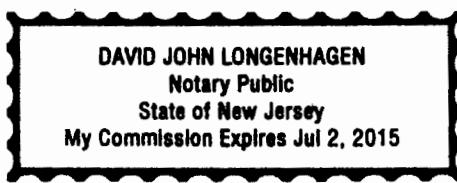
• Sender: Please print your name, address, and ZIP+4 in this box •

*Evan Spencer  
285 AYERSIDE AVENUE #10B  
PASSAIC, N.J. 07055*

# EXHIBIT

D

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURNS RECEIPTS</u>	
APRIL 18, 2014	1
Date Certified	Page(s)
Notary	



ELMWOOD PARK  
ELMWOOD PARK, New Jersey  
074079998  
3356730701-0096  
06/15/2013 (800)275-8777 12:03:14 PM

**Sales Receipt**

Product Description	Sale Unit Qty	Final Price
PRINCETON NJ 08540 Zone-1 First-Class Letter 0.80 oz.		\$0.46
Expected Delivery: Mon 06/17/13		
Return Rcpt (Green Card)		\$2.55
@@ Certified Label #: 70110470000355106877		\$3.10
Issue PVI:		\$6.11
PINE BROOK NJ 07058 Zone-1 First-Class Letter 0.80 oz.		\$0.46
Expected Delivery: Mon 06/17/13		
Return Rcpt (Green Card)		\$2.55
@@ Certified Label #: 70110470000355106860		\$3.10
Issue PVI:		\$6.11
Total:		\$12.22

Paid by:  
Cash \$12.25  
Change Due: -\$0.03

@@ For tracking or inquiries go to  
USPS.com or call 1-800-222-1811.

Order stamps at [usps.com/shop](http://usps.com/shop) or  
call 1-800-Stamp24. Go to  
[usps.com/clicknship](http://usps.com/clicknship) to print  
shipping labels with postage. For  
other information call  
1-800-ASK-USPS.

\*\*\*\*\*  
\*\*\*\*\*  
Get your mail when and where you  
want it with a secure Post Office  
Box. Sign up for a box online at  
[usps.com/poboxes](http://usps.com/poboxes).  
\*\*\*\*\*  
\*\*\*\*\*

Bill#:1000402101033

Clerk:05

All sales final on stamps and postage  
Refunds for guaranteed services only  
Thank you for your business

\*\*\*\*\*  
\*\*\*\*\*  
HELP US SERVE YOU BETTER

Go to:  
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT  
POSTAL EXPERIENCE

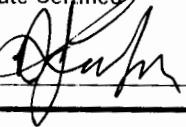
YOUR OPINION COUNTS

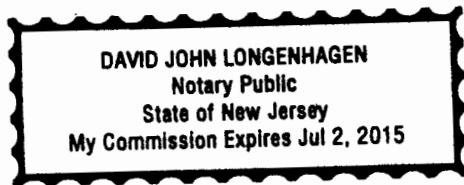
\*\*\*\*\*  
\*\*\*\*\*

Customer Copy

# EXHIBIT

## D

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS - PROOF OF PURCHASE</u>	
<u>April 18, 2014</u>	<u>/</u>
Date Certified	Page(s)
Notary 	



# EXHIBIT

# E



May 28, 2013

**To:**

Nick Vlahos, President  
Olympic Payroll  
64 US Highway 46 West  
Pinebrook, New Jersey 07058

M. Ebad Rahman, Finance Executive  
IH Engineers, P.C.  
103 College Road East, 1<sup>st</sup> Floor  
Princeton, New Jersey 08540

**From:**

Evan Christopher Spencer  
without prejudice  
285 Aycrigg Avenue #10b  
Passaic, New Jersey [07055]

**TRUE BILL**

This is an Order to pay:

**Drawee(s):** Nick Vlahos; M. Ebad Rahman

**In the Sum Certain of:** nine thousand five hundred sixty two/thirty five: \$9,562.35

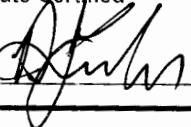
**Paid to the Order of:** Evan Christopher Spencer  
285 Aycrigg Avenue #10b  
Passaic, New Jersey 07055

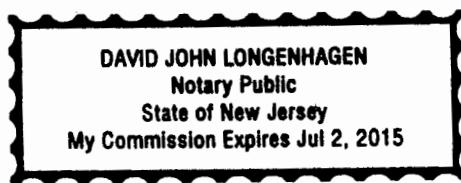
**Drawer:**

*Liam O'Brien* 5/28/2013  
3c USA  
Authorized Representative, UCC 3-402(b) (1)

# EXHIBIT

## E

CERTIFIED AS TRUE COPY OF	
<u>TRUE BILL</u>	
<hr/>	
April 18, 2014	1 OF 2
Date Certified	Page(s)
<hr/>	
Notary	



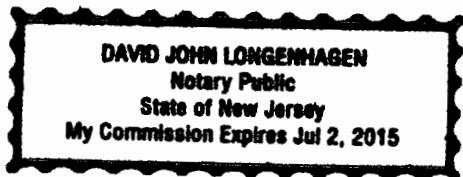
**CERTIFICATE OF ACKNOWLEDGMENT**

State of New Jersey )  
 ) ss:  
County of Middlesex )

As a Notary Public for said County and State, I do hereby certify that on this 28<sup>th</sup> day of May, 2013 before me appeared Evan Christopher Spencer, who satisfactorily proved to be the man whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

Witness my hand and seal:

DAVID J. LONGENHAGEN  
Notary Name



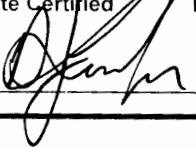
**My Commission Expires:** July 2, 2015

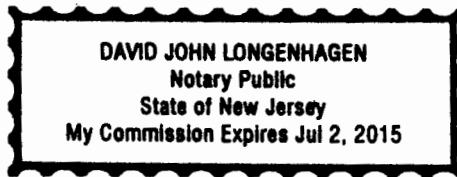
(Notary Signature)

May 28 2013  
(Date)

# EXHIBIT

## E

CERTIFIED AS TRUE COPY OF	
<u>True Bill -</u>	
<u>CERTIFICATE OF ACKNOWLEDGMENT</u>	
<u>APRIL 18, 2014</u>	<u>2 of 2</u>
Date Certified	Page(s)
Notary	



## Registered No.

## Date Stamp

Ref. Fee	\$11.20	Return Receipt	\$2.55
Handling Charge	\$0.00	Restricted Delivery	\$0.00
Postage	\$0.46		15/15
Received by			
Customer Must Declare Full Value \$ 11.20			

TO BE COMPLETED BY CUSTOMER  
TO BE COMPLETED BY CUSTOMER  
BY POST OFFICE  
BY POST OFFICE



29954	David John Longenbagen, Notary Public
	323 Henry Street
	South Amboy, N.J. 08879
PINE BROOK, NJ 07058	Nick Vlahos, President
	Olympic Payroll
	64 US Highway 46 West
	PINE BROOK, N.J. 07058

TO  
FROM  
All Entries Must Be In Ballpoint or Typewriter  
(Please Print)  
TO BE COMPLETED BY CUSTOMER  
BY CUSTOMER  
May 2007 (7530-02-000-9051)  
For domestic delivery information, visit our website at [www.usps.com](http://www.usps.com)

PS Form 3806, Receipt for Registered Mail (See Information on Reverse)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Nick Vlahos, President*

**OLYMPIC PAYROLL**  
**64 US HIGHWAY 46 WEST**  
**PINE BROOK, N.J. 07058**

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*X*
 Agent  
 Addressee

## B. Received by (Printed Name)

*Nick Vlahos* 07/13

## C. Date of Delivery

D. Is delivery address different from Item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

RE 170 261 102 US

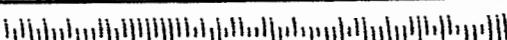
UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10



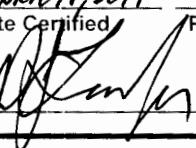
• Sender: Please print your name, address, and ZIP+4 in this box •

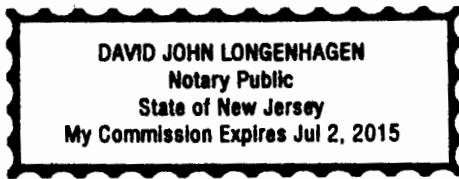
*David John Longenbagen, Notary Public  
 323 Henry Street  
 South Amboy, New Jersey 08879*



# EXHIBIT

## E

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. REGISTERED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
APRIL 18, 2014	1
Date Certified	/Page(s)
Notary	



## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *M. Ebud Rahman*,

*I H ENGINEERS, P.C.  
103 COLLEGE ROAD EAST, 1<sup>st</sup> Floor  
PRINCETON, N.J. 08540*

## A. Signature

*X Greco*

Agent  
 Addressee

## B. Received-by (Printed Name)

*Greco*

## C. Date of Delivery

*6-17-13*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RE 170 261 093 US

102595-02-M-1540

## 2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

*David John Langenbacher, Notary Public  
323 Henry Street  
South Amboy, N.J. 08879*

Date Stamp

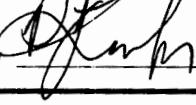
RE 102595-02-M-1540			
Reg. Fee	\$11.20	Handling Charge	\$5.00 (Av.)
Postage	\$7.45	Return Receipt	\$2.55
Received by	<i>DA</i>	Restricted Delivery	\$0.00
Customer Must Declare Full Value \$ 10.00			
Domestic Insurance up to \$100,000 included based upon the declared value. International Indemnity is limited. (See Reverse).			

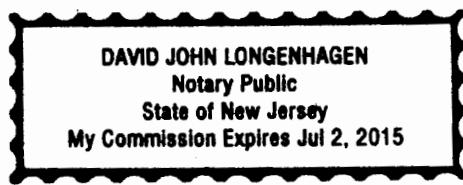
TO	FROM
PRINCETON, N.J. 08540	DAVID JOHN LANGENBACHER, NOTARY PUBLIC 323 HENRY STREET SOUTH AMBOY, N.J. 08879
PRINCETON, N.J. 08540	

PS Form 3806, May 2007 (7530-02-000-905)  
To Be Completed By Customer  
(Please Print)  
All Entries Must Be in Ballpoint or Typewriter  
To Be Completed By Post Office  
By Post Office  
To Be Completed By Customer  
All Entries Must Be in Ballpoint or Typewriter

# EXHIBIT

## E

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. REGISTERED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
<u>APRIL 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary 	



In a hurry? Self-service kiosks  
offer quick and easy check-out. Any  
Retail Associate can show you how.

## PARSIPPANY POST OFFICE

PARSIPPANY, New Jersey

070549998

3356730284-0096

06/15/2013 (800)275-8777 11:25:06 AM

**Sales Receipt**

Product Description	Sale Qty	Unit Price	Final Price
---------------------	----------	------------	-------------

PRINCETON NJ 08540			\$0.46
--------------------	--	--	--------

Zone-1 First-Class			
--------------------	--	--	--

Letter			
--------	--	--	--

0.80 oz.			
----------	--	--	--

Expected Delivery: Mon	06/17/13		
------------------------	----------	--	--

Return Rcpt (Green Card)			\$2.55
--------------------------	--	--	--------

@@ ~ Registered			\$11.20
-----------------	--	--	---------

Insured Value :			\$0.00
-----------------	--	--	--------

Article Value :			\$0.00
-----------------	--	--	--------

Label #:	RE170261093US		
----------	---------------	--	--

Issue PVI:			\$14.21
------------	--	--	---------

PINE BROOK NJ 07058			\$0.46
---------------------	--	--	--------

Zone-1 First-Class			
--------------------	--	--	--

Letter			
--------	--	--	--

0.80 oz.			
----------	--	--	--

Expected Delivery: Mon	06/17/13		
------------------------	----------	--	--

Return Rcpt (Green Card)			\$2.55
--------------------------	--	--	--------

@@ ~ Registered			\$11.20
-----------------	--	--	---------

Insured Value :			\$0.00
-----------------	--	--	--------

Article Value :			\$0.00
-----------------	--	--	--------

Label #:	RE170261102US		
----------	---------------	--	--

Issue PVI:			\$14.21
------------	--	--	---------

Total:			\$28.42
--------	--	--	---------

Paid by:			
----------	--	--	--

Cash			\$40.42
------	--	--	---------

Change Due:			-\$12.00
-------------	--	--	----------

@@ For tracking or inquiries go to  
USPS.com or call 1-800-222-1811.

~ Save this receipt as evidence of  
insurance. For information regarding  
domestic insurance, visit our  
website at  
[usps.com/insurance/postoffice.htm](http://usps.com/insurance/postoffice.htm)

Order stamps at [usps.com/shop](http://usps.com/shop) or  
call 1-800-Stamp24. Go to  
[usps.com/clicknship](http://usps.com/clicknship) to print  
shipping labels with postage. For  
other information call  
1-800-ASK-USPS.

\*\*\*\*\*  
\*\*\*\*\*  
Get your mail when and where you  
want it with a secure Post Office  
Box. Sign up for a box online at  
[usps.com/poboxes](http://usps.com/poboxes).  
\*\*\*\*\*  
\*\*\*\*\*

Bill#:1000403864100  
Clerk:01

All sales final on stamps and postage  
Refunds for guaranteed services only  
Thank you for your business

\*\*\*\*\*  
\*\*\*\*\*  
HELP US SERVE YOU BETTER

Go to:  
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT  
POSTAL EXPERIENCE

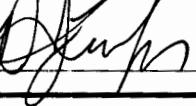
YOUR OPINION COUNTS

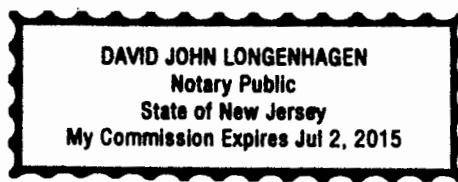
\*\*\*\*\*  
\*\*\*\*\*

Customer Copy

# EXHIBIT

E

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.C. REGISTERED MAIL,</u>	
<u>RETURN RECEIPTS-PROOF OF PURCHASE</u>	
APRIL 18, 2014	1
Date Certified	Page(s)
Notary 	



# EXHIBIT

# F



May 28, 2013

**To:**

Nick Vlahos, **President**  
**Olympic Payroll**  
**64 US Highway 46 West**  
**Pinebrook, New Jersey 07058**

M. Ebad Rahman, **Finance Executive**  
**IH Engineers, P.C.**  
**103 College Road East, 1<sup>st</sup> Floor**  
**Princeton, New Jersey 08540**

**From:**

Evan Christopher Spencer  
**without prejudice**  
**285 Aycrigg Avenue #10b**  
**Passaic, New Jersey [07055]**

**TRUE BILL**

**This is an Order to pay:**

**Drawee(s):** Nick Vlahos; M. Ebad Rahman

**In the Sum Certain of:** nine thousand five hundred sixty two/thirty five: \$9,562.35

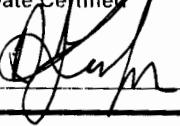
**Paid to the Order of:** Evan Christopher Spencer  
285 Aycrigg Avenue #10b  
Passaic, New Jersey 07055

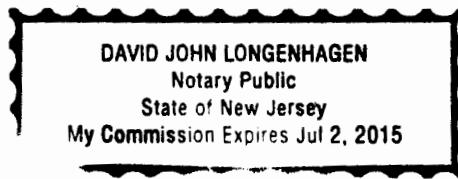
**Drawer:**

*Eric - Vlahos: 5/28/13* 3c-USA  
Authorized Representative, UCC 3-402(b)(1)

# EXHIBIT

## F

CERTIFIED AS TRUE COPY OF	
<u>True Bill</u>	
<hr/>	
APR 19 2014	1 OF 2
Date Certified	Page(s)
<hr/>	
Notary	
<hr/>	



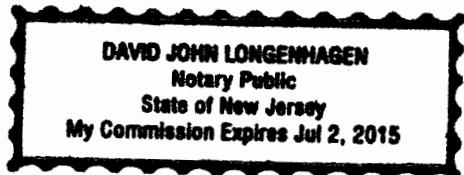
**CERTIFICATE OF ACKNOWLEDGMENT**

State of New Jersey        )  
                                  ) ss:  
County of Middlesex        )

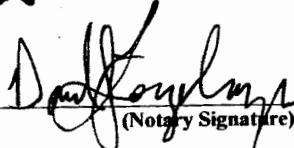
As a Notary Public for said County and State, I do hereby certify that on this 28<sup>th</sup> day of May, 2013 before me appeared Evan Christopher Spencer, who satisfactorily proved to be the man whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

Witness my hand and seal:

DAVID J. LONGENHAGEN  
Notary Name



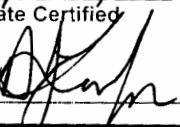
My Commission Expires: July 2, 2015

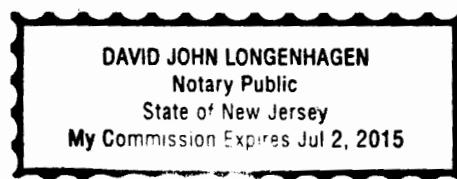
  
(Notary Signature)

May 28 2013  
(Date)

# EXHIBIT

F

CERTIFIED AS TRUE COPY OF	
<u>TRUE BILL -</u>	
<u>CERTIFICATE OF ACKNOWLEDGMENT</u>	
APRIL 16 2014	2012
Date Certified	Page(s)
Notary 	



## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Nick Vlahos, President,*

**OLYMPIC PAYROLL**  
**64 US HIGHWAY 46 WEST**  
**PINEBROOK, N.J. 07058**

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

*X* Agent Addressee

## B. Received by (Printed Name)

C. Date of Delivery

7/2/13

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

## 2. Article Number

(Transfer from service label) **7010 0290 0003 2774 6862**

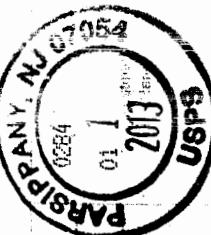
07/01/2013

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIVED**  
 Domestic Mail  
 Insurance Available  
For more information, visit our website at [www.usps.com](http://www.usps.com)



2989 4722 0000 0620 0701

PINE BROOK, NJ 07059

\$0.46

\$3.10

\$2.55

\$0.00

\$6.11

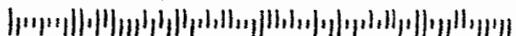
*Nick Vlahos, President, OLYMPIC PAYROLL*  
*64 US HIGHWAY 46 WEST*  
*PINEBROOK, N.J. 07058*

UNITED STATES POSTAL SERVICE

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

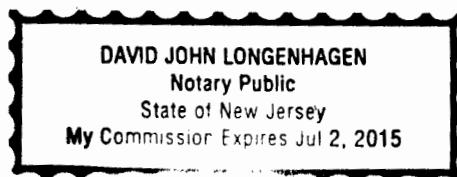
*David John Longenbagen, Notary Public  
 323 HENRY STREET  
 South Amboy, N.J. 08879*



# EXHIBIT

F

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.C. CERTIFIED MAIL,</u> <u>RETURN RECEIPTS,</u>	
<u>April 18, 2014</u>	<u>1</u>
Date Certified	Page(s)
Notary 	



## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *M. Ebad Rahmani,*

*IH ENGINEERS, P.C.  
103 COLLEGE ROAD EAST, 1<sup>st</sup> Floor  
PRINCETON, N.J. 08540*

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

*X* Agent Addressee

B. Received by (Printed Name)

*JESSICA RIVERA 7-3-13*

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

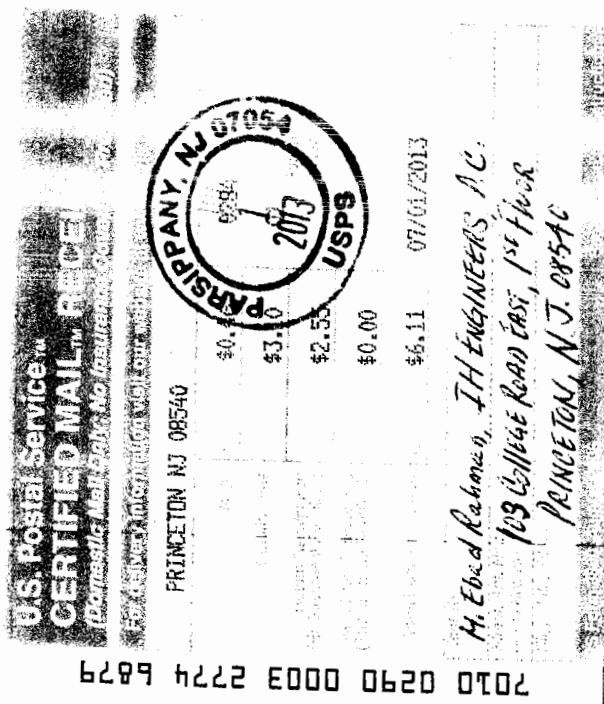
4. Restricted Delivery? (Extra Fee)

 Yes2. Article Number *7010 0290 0003 2774 6879*(Transfer from service label) *7010 0290 0003 2774 6879*

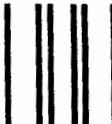
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



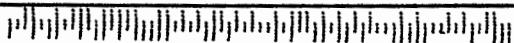
UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

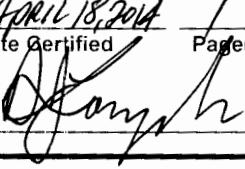
• Sender: Please print your name, address, and ZIP+4 in this box •

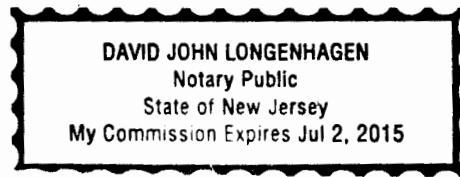
*David John Longestagen, Norway Public  
323 HENRY STREET  
South Amboy, N.J. 08819*



# EXHIBIT

## F

CERTIFIED AS TRUE COPY OF	
<u>U.S.P.S. CERTIFIED MAIL,</u>	
<u>RETURN RECEIPTS</u>	
APRIL 18, 2014	/
Date Certified	Page(s)
Notary 	



PARSIPPANY POST OFFICE  
PARSIPPANY, New Jersey  
070549998  
3356730284-0096

07/01/2013 (800)275-8777 03:53:26 PM

**Sales Receipt**

Product Description	Sale Unit Qty	Final Price
---------------------	---------------	-------------

PRINCETON NJ 08540	\$0.46
Zone-1 First-Class	
Letter	
0.60 oz.	
Expected Delivery: Wed 07/03/13	
Return Rcpt (Green Card)	\$2.55
@@ Certified	\$3.10
Label #:	70100290000327746879

Issue PVI: \$6.11

PINE BROOK NJ 07058	\$0.46
Zone-1 First-Class	
Letter	
0.70 oz.	
Expected Delivery: Tue 07/02/13	
Return Rcpt (Green Card)	\$2.55
@@ Certified	\$3.10
Label #:	70100290000327746862

Issue PVI: \$6.11

Total: \$12.22

Paid by:  
Cash \$12.25  
Change Due: -\$0.03

@@ For tracking or inquiries go to  
USPS.com or call 1-800-222-1811.

In a hurry? Self-service kiosks  
offer quick and easy check-out. Any  
Retail Associate can show you how.

Order stamps at [usps.com/shop](http://usps.com/shop) or  
call 1-800-Stamp24. Go to  
[usps.com/clicknship](http://usps.com/clicknship) to print  
shipping labels with postage. For  
other information call  
1-800-ASK-USPS.

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